



Volunteer Application

Thank you very much for your interest in volunteering in the Mariam Clinic. We are dedicated to providing quality healthcare for the uninsured in our community. If you would like to join us in this effort please complete the information below.

NAME: _____

EMAIL: _____

Contact Information:

TELEPHONE: () _____

ADDRESS: _____

Special Skills or talents you have to offer:

For which position(s) are you MOST interested in volunteering?

- Registered Nurse
- Certified Nurse Assistant
- Certified Lab Technician
- Interpreter (please list language _____)
- Medical Records Coordinator
- Receptionist
- Health Advocate (Social Work students or Social Workers)
- Patient Follow up
- Grant Writing
- Fund Raising

Signature

Date

Name Printed



HIPPA Privacy and Confidentiality Statement

I understand that as a volunteer at Mariam Clinic, I will see, hear, and/or otherwise have access to confidential healthcare information and other privileged documents. As such, I understand and agree that I must review and adhere to the guidelines listed below and to the items attached to this statement.

Introduction:

Welcome to the Mariam Clinic. We are pleased that your interest in serving our community has led you to volunteer with us. As stated above, your educational endeavors may result in exposure to confidential information, including patient information. This information should:

1. Only be accessed by employees or contracted personnel when the information is needed to perform health care operations.
2. Be protected to the extent possible.
3. Remain confidential upon completing the volunteering experience.

Volunteers and employees alike have a legal and ethical responsibility to foster and maintain the privacy and respect of each patient we see here at the Mariam Clinic.

Background:

1. HIPPA stands for the "Health Insurance Portability & Accountability Act" of 1996.
2. It was created to protect individuals' medical records and personal health information at the national standard.
3. Today with information broadly being held and transmitted electronically, the Privacy and Security Rules under HIPPA provide the protection of personal health information.
4. HIPPA applies to any organization that routinely handles protected health information (PHI) in any capacity, such as hospital, physician practice, lab, etc. This includes the entity where the student will be spending time. The health care entities at Mariam Clinic require its staff, both clinical and non-clinical, volunteers, students, and visitors to keep health information confidential.



What areas are affected?

1. Any and all areas that deal with Protected Health Information (PHI).
2. Could include areas in which one might not directly care for patients.
3. Includes testing results, research, and billing records that contain health information.
4. Students, trainees, volunteers, and other persons who have access to PHI are affected.
5. Includes what you store on computers, desks, files, off-site storage, disks, etc.
6. Affects what you say, to whom it is said, and what information you are providing.

What is Protected Health Information (PHI)?

1. Any health information that identifies an individual
2. Names
3. Geographic designations smaller than a state
4. Dates relating to the individual
5. Telephone numbers
6. Fax numbers
7. Email addresses
8. Social Security numbers
9. Medical Record Numbers
10. Health Plan Beneficiary numbers
11. Account numbers
12. Certificate/license numbers
13. Vehicle identifiers, including license plates
14. Device identifiers
15. Universal resource locators (URLS)
16. Internet Protocols (IP) address numbers
17. Biometric identifiers- finger & voice prints
18. Full Face photographic images & comparable images
19. Any other unique identifying numbers, characteristics, or code.

PHI can be in any form including:

1. Printed
2. Electronic
3. Oral communication



It includes information that:

1. Is collected from an individual.
2. Is created or received by a covered entity.
3. Relates to the past, present, or future physical or mental health condition of an individual.
4. Relates to the provision of health care to an individual.
5. Relates to the past, present, or future payment for the provision of health care to an individual.
6. Identifies an individual.

What are the minimum necessary requirements?

1. HIPPA requires that you take reasonable steps to limit the use, disclosure or, and requests for PHI to the minimum necessary in order to accomplish the intended purpose.
2. What PHI is reasonably necessary is determined on a case by case basis by individual covered entities.
3. This does not apply to disclosures for treatment purposes, but to payment, health care operations and research.

What happens if you violate the Privacy Rule?

1. Civil penalties (\$100 per violation per person, up to a limit of \$25,000 for violating each identical requirements or prohibition).
2. Criminal penalties:
 - a. Knowing release of PHI= up to 1 year jail sentence & \$50,000 fine.
 - b. Access to PHI under false pretenses= up to 5 year jail sentence and \$100,000 fine.
 - c. Releasing PHI with intent to sell, transfer, or use for commercial advantage= up to 10 year jail sentence & \$250,000 fine.

What are my responsibilities?

1. To not disclose any protected health information. This includes any written, verbal or electronic information I may have directly or indirectly received or overheard.
2. When coming in contact with a patient, introduce myself as a volunteer if I am not introduced by my supervisor.
3. To NOT misrepresent myself as a health care provider who will be assisting in a patient's care.
4. To NOT misrepresent myself as a medical student or a resident if you aren't.
5. To wear a name tag or badge identifying me as a volunteer and what position you are.
6. To respect the patients' privacy.
7. To NOT copy, download, or access any protected health information.
8. I agree that my responsibility to keep this information confidential extends beyond my volunteer experience and continues indefinitely.



Mariam Clinic

3126 Blue Ridge Road
Raleigh, NC 27612
Tel: (919) 824-4672
Fax: (919) 439-3778
Eml: clinic@mariamclinic.org
<http://www.mariamclinic.org>

By signing below, I represent that I have read and understand that I am obligated to maintain the protection of patient privacy and other confidential matters at the Mariam Clinic. Any confidential health care that I may see, hear, or otherwise access cannot be disclosed.

I hereby certify that I have read this document and am aware of the confidentiality requirements expected of me.

Signature

Date

Name Printed



Policy on Hepatitis B

HEPATITIS B

Employees and volunteers working in direct patient care areas will be asked to provide evidence of having received the Hepatitis B vaccine series, agree to receive the vaccine, or sign a waiver to refuse the series.

I have received the Hepatitis B vaccination series.

Signature

Date

Name Printed

Proof Provided



I agree to receive the Hepatitis B vaccination series and will provide a record of receipt to the Mariam Clinic.

Signature

Date



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Informed Refusal for Hepatitis B Vaccination

I, _____, am a volunteer as a health care provider at Mariam Clinic. I am aware and understand the effectiveness of Hepatitis B immunization, the risk of contracting Hepatitis B, and the importance of taking active prevention to reduce the risk.

However, I, of my own free will and volition, and despite the Clinic's urging, have elected not to be vaccinated against Hepatitis B. I have personal reasons for making the decision not to be vaccinated.

Signature

Date

Name Printed

Address

Witness